



REGIONAL OFFICE FOR Europe



Organisation mondiale de la Santé

BUREAU REGIONAL DE L' EUROPE



Weltgesundheitsorganisation

REGIONALBÜRO FÜR EUROPA



Всемирная организация здравоохранения

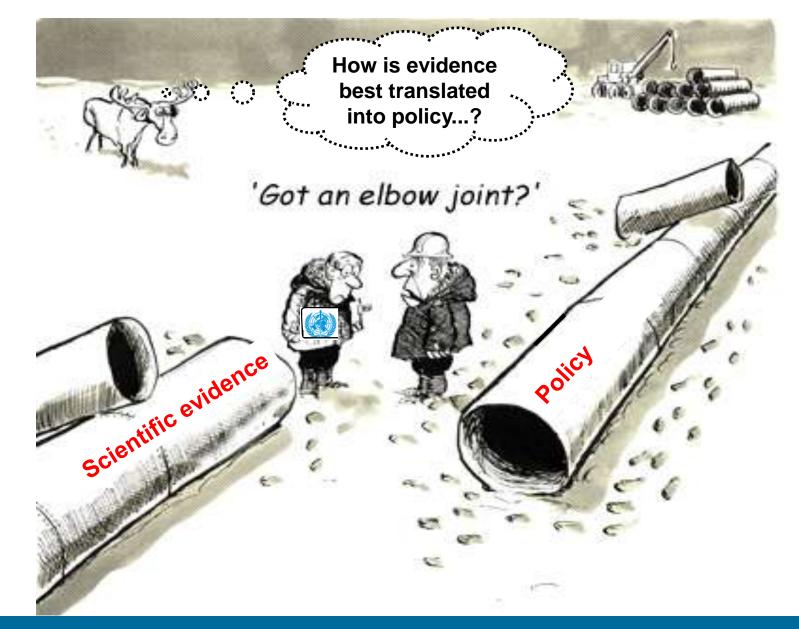
Европейское региональное бюро

Measuring health and well-being in Europe:

A key for Health 2020 implementation

Dr Claudia Stein

Director Division of Information, Evidence, Research and Innovation WHO Regional Office for Europe





European Health 2020 policy

Основы европейской политики

Гратегия для

Пвека

- Emphasis on health and well-being
- The right to health and access to care
- People at the centre
- Addressing the determinants of health
- Whole of society approach
- Whole of government approach
- Importance of partnerships







WHO definition of health (1948)

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"





Morbidity Mortality Disability Loss of function **Determinants (incl. risk factors)**

How do we report on health?

of ill-health

WHO Europe initiative for the measurement of and target setting for well-being

A Real Property in the local division of the

Измерение показателей и постановка целевых орнентиров в области благополучии: инициатива Европейского регионального бюро ВОЗ

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> и иналага срастория и иналагория спорта в в бытополучия Алоровия Запровые 2020

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Second joint meeting of experts on targets and indicators for health and well-being in Health 2020

London, United Kingdom, 3-4 April 2014



EA BEACHUR

PO3

Hauepenne

All on WHO EURO website: www.euro.who.int

European Health 2020 policy



Всемирная организация здравоохранения

Европейское региональное бюро

Европейский региональный комитет

Шестьдесят вторая сессия

Мальта, 10-13 сентября 2012 г.

EUR/RC62/R4

240PO

Основы европейской политики

и стратегия для

ХХІ века

12 сентября 2012 г. 122077 ОРИГИНАЛ АНГЛИЙСКИЙ

Резолюция

Здоровье-2020 – Основы Европейской политики улучшения здоровья и благополучия

Региональный комитет.



"Adopts....together with a set of regional goals as set out in that document and the appropriate indicators for the European Region."



Европейское региональное бюро

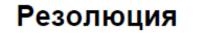
Европейский региональный комитет

EUR/RC63/R3

Шестьдесят третья сессия

Чешме, Измир, Турция, 16-19 сентября 2013 г.

17 сентября 2013 132201 ОРИГИНАЛ: АНГЛИЙСКИЙ



Индикаторы для целевых ориентиров политики Здоровье-2020

Региональный комитет,



22 core and 19 additional indicators for 6 targets

European Health 2020 policy:

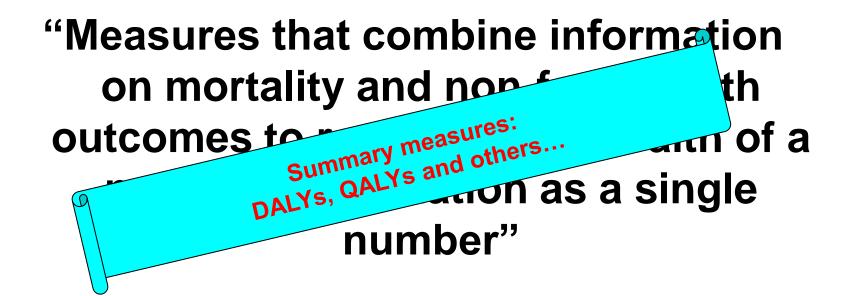
Quantitative indicators

Headline target	Indicator		
1. Reduce premature	Age adjusted mortality from diseases of circulatory system, ages 30-70 y	years, per 100 000, disaggregated by sex	
mortality in Europe by 2020	Age adjusted mortality from malignant neoplasms, ages 30-70 years, pe	r 100 000, disaggregated by sex	
2020	Age adjusted mortality from diseases of respiratory system, ages 30-70 y	years, per 100 000, disaggregated by sex	
	Age adjusted mortality from diseases of digestive system, ages 30-70 years	ars, per 100 000, disaggregated by sex	
	Age adjusted mortality from external causes of injury and poisoning, all	ages, per 100 000, disaggregated by sex	
	Age-standardized prevalence of regular tobacco use among people aged	18 years and over, disaggregated by sex	
	Total per capita alcohol consumption among people aged 15 years and o	over, within a calendar year, disaggregated by sex	
	Age-standardized prevalence of overweight and obesity in people aged	18 years and over, disaggregated by and and sex	
	Percentage of children vaccinated against measles, polio and rubella		
2. Increase life	Life expectancy at birth (years), disaggregated by sex	Whole-of-government and	
expectancy in Europe		whole-of-society indicators	
3. Reduce inequities in	Infant deaths per 1000 live births, disaggregated by sex		
Europe (social determinants)	Proportion of children of official primary school age not enrolled, disagg	gregated by s	
acterimitantsy	Unemployment rate (%)		
	Gini coefficient on income distribution		
4. Enhance well-being of	ife satisfaction, disaggregated by age and sex (subjective well-being)		
the European population	ocial support available, disaggregated by age and sex (objective well-being)		
population	Percentage of population with improvementation facilities (objective v	vell being)	
5. Universal coverage	Private households' out-of-pocket payments on new sectoral hea	Ith expenditure	
and the "right to	Total health expenditure as % of GDP, WHO estimates		
health"			



Subjective well-being: Life satisfaction from Gallup World Poll

Summary Measures of Population Health (SMPH)



Murray CJL, Salomon JA, Mathers C, 1999



Disability Adjusted Life Years

C

 $\rightarrow f(B)$

YLL Years of life lost due to mortality

to disability

YLD Equivalent years of healthy life lost due

10090 C % surviving (thousands) 80 70 60 50 40 A 30 20 10 20 40 60 0 80 100Age

Time as the common metric for mortality, morbidity and disability



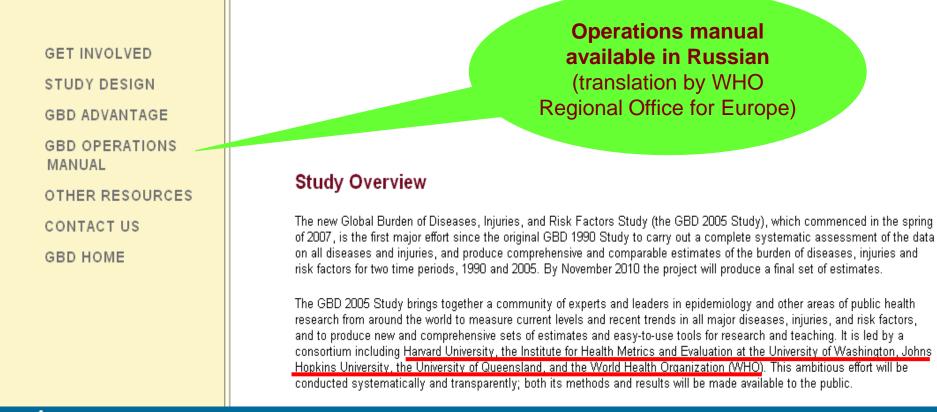
WHO - specific BoD work

Name	Purpose
CHERG (Child Health Epidemiology Reference Group; .cf.: Child Health Epidemiology at www.who.int/child-adolescen health/publications/pubCNH.htm)	To estimate cause-specific morbidity and mortality in children under 5 years
MERG (Monitoring and Evaluation Reference Group of the RBM Secretariat; /www.rollbackmalaria.org/merg.html)	To develop effective monitoring and evaluation mechanisms for the Roll Back Malaria (RBM) Partnership
Burden of disease from environmental risks (www.who.int/quantifying_ehimpacts/en)	To provide morbidity, mortality and DALY estimates for selected diseases from environmental risks
Quiver (Quantiative Immunization and Vaccination Related Research)	To provide annual estimates of the burden of vaccine-preventable diseases
NTD STAG (WHO Steering and Technical Advisory Group on Neglected Tropical Diseases; www.who.int/neglected_diseases/stag/en/index.html)	To effectively prevent and control NTDs and assess socio-economic impact
LERG (Leptospirosis Burden Epidemiological Reference Group)	To obtain global epidemiological estimates on Leptospirosis.
FERG (Foodborne Disease Burden Epidemiology Reference Group; www.who.int/foodborne_disease/burden/en/index.html)	To provide reliable burden of disease estimates to enable policy-makers and other stakeholders to set appropriate priorities in the area of food safety.

THE LANCET

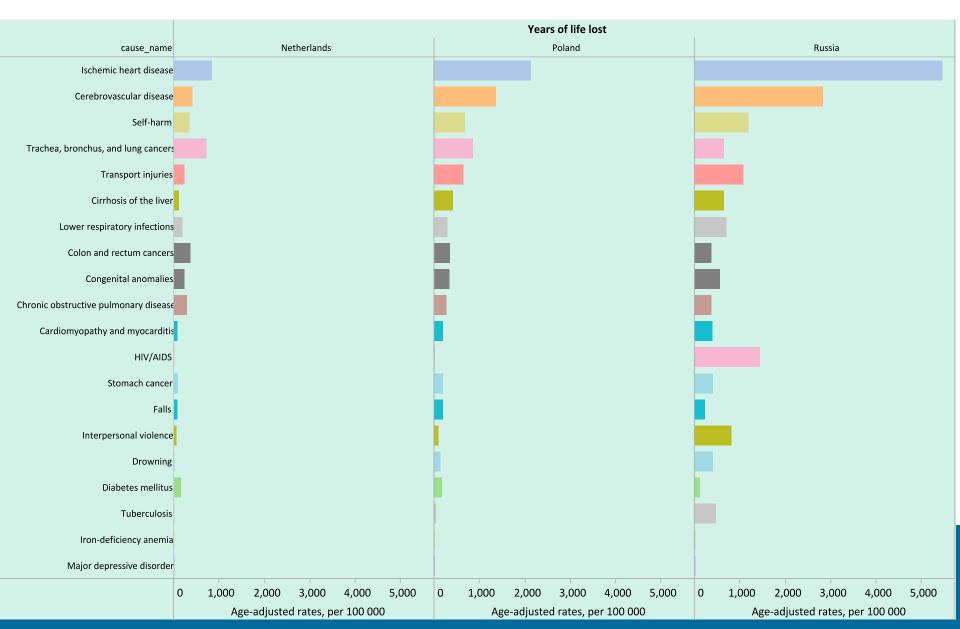
PROVIDING INFORMATION IN A WAY THAT IS MAXIMALLY USEFUL FOR FUNDERS AND POLICY-MAKERS.

Global Burden OF Disease STUDY





Burden of disease patterns in selected countries, 2010 estimates



Burden of disease change in the Russian Federation, 1990-2010

		Years of life lost				Years of life lost
cause_name	year	Russia		cause_name	year	Russia
Ischemic heart disease	1990		\longrightarrow	Ischemic heart disease	2010	
Cerebrovascular disease	1990		—	Cerebrovascular disease	2010	
Transport injuries	1990			HIV/AIDS	2010	
Self-harm	1990		\rightarrow	Self-harm	2010	
Congenital anomalies	1990			Transport injuries	2010	
Lower respiratory infections	1990		+1	Interpersonal violence	2010	
Trachea, bronchus, and lung cancers	1990		X	Lower respiratory infections	2010	
Interpersonal violence	1990		$\langle \rangle$	Trachea, bronchus, and lung cancers	2010	
Stomach cancer	1990			Cirrhosis of the liver	2010	
Drowning	1990		X Y	Congenital anomalies	2010	
Chronic obstructive pulmonary disease	1990		\mathbb{N}	Tuberculosis	2010	
			$\setminus \mathbb{A}$	Drowning	2010	
Colon and rectum cancers	1990		\bigvee	Stomach cancer	2010	
Cardiomyopathy and myocarditis	1990		A	Cardiomyopathy and myocarditis	2010	
Tuberculosis	1990		// />	Colon and rectum cancers	2010	
Cirrhosis of the liver	1990		/ \	Chronic obstructive pulmonary disease	2010	
Falls	1990		\rightarrow	Falls	2010	
Diabetes mellitus	1990		<u> </u>	Diabetes mellitus	2010	
Iron-deficiency anemia	1990		\longrightarrow	Iron-deficiency anemia	2010	
Major depressive disorder	1990		\rightarrow	Major depressive disorder	2010	
		0 1,000 2,000 3,000 4,000 5,000				0 1,000 2,000 3,000 4,000 5,000
		Age-adjusted rates, per 100 000				Age-adjusted rates, per 100 000

Burden of disease in the Russian Federation, 2010 estimates

cause_name	Years of life lost	. cause_name	Years lived with disability
Ischemic heart disease		Major depressive disorder	
Cerebrovascular disease		Falls	
Self-harm		Transport injuries	
Trachea, bronchus, and lung cancers		Diabetes mellitus	
Transport injuries		Chronic obstructive pulmonary disease	
Cirrhosis of the liver		Iron-deficiency anemia	
Lower respiratory infections		Ischemic heart disease	
Colon and rectum cancers		Cerebrovascular disease	
Congenital anomalies		Congenital anomalies	1
Chronic obstructive pulmonary disease		Tuberculosis	
Cardiomyopathy and myocarditis		Interpersonal violence	
HIV/AIDS		Lower respiratory infections	
Stomach cancer		HIV/AIDS	
Falls		Colon and rectum cancers	1
Interpersonal violence		Cirrhosis of the liver	
Drowning		Trachea, bronchus, and lung cancers	
Diabetes mellitus		Self-harm	
Tuberculosis		Cardiomyopathy and myocarditis	
Iron-deficiency anemia		Drowning	
Major depressive disorder		Stomach cancer	
	0K 1K 2K 3K 4K 5K		0 200 400 600 800 1000 1200 14
	Age-adjusted rates, per 100 000		Age-adjusted rates, per 100 000

Collaboration of WHO/EURO and Institute of Health Metrics and Evaluation, USA

- To collaborate on burden of disease assessments in European Region;
- To improve coherence of quantitative messages;
- To facilitate national burden of disease studies, including training;

IHME GHDx GBD Compare

IHME

thods Access Policy



	Education & Training	GBD	Tools	Publications	News & Events
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.tor's Statement



After a decade of dramatic growth in spending on global health, economic problems and political turmoil are causing some of the world's biggest funders - including the United States government and United Nations agencies - to put the brakes on development assistance for health. Now more than ever, we need objective evidence to show policymakers what works and what does not work to improve people's lives.

enter keywords

The Institute for Health Metrics and Evaluation (IHME) was created at the University of Washington to fill that information gap. We do this by focusing on three critical questions: What are the world's major health problems? How well is society addressing these problems? How do we best dedicate resources to maximize health improvement?

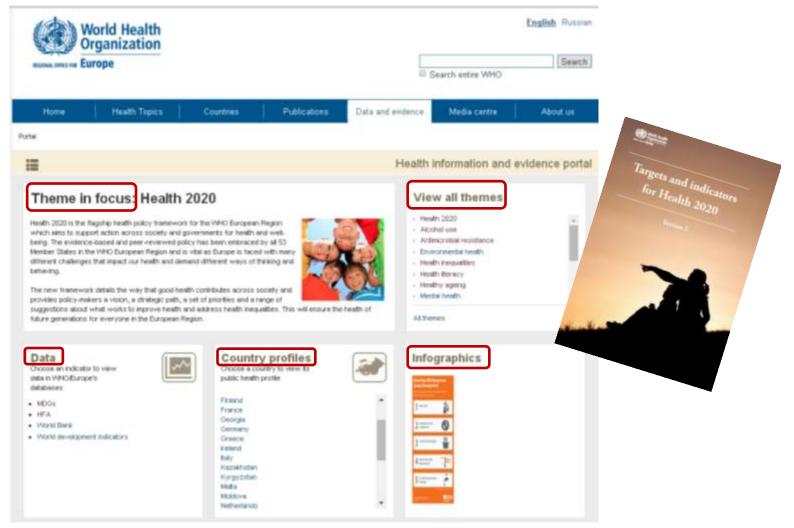
We answer those questions by measuring population health status and disease burden, identifying the factors that determine health outcomes, and rigorously evaluating health policies and interventions.





ganization REGIONAL OFFICE FOR Europe

New EURO web-portal – launched Sep '14





Antimicrobial resistance: Tools and resources

Monitoring Policy support

European Food Safety + More Authority (EFSA)

 Guidance on the assessment of - Close bacterial susceptibility to antimicrobials of human and veterinary importance
 Provides a method to identify resistance to antimicrobial drugs of human and veterinary importance in bacterial strains intended for use as feed additives. (2012)

WHO Regional Office for + More Europe (WHO/Europe)

- WHO European strategic action plan + More on antibiotic resistance
- Tackling antibiotic resistance from a Close food safety perspective in Europe Options for preventing and containing antibiotic resistance in the food-chain through national coordination and international cooperation, including regulation and reduction of antibiotic use in food animals, training and capacity-building, surveillance of resistance trends and antibiotic use, promotion of knowledge and research, and advocacy and communication to raise awareness of the issues. (2011)

WHO headquarters + More (WHO/HQ)

- The evolving threat of antimicrobial Close resistance: options for action
 Focuses on five of the most important areas for the control of antibiotic resistance as recognized in the WHO 2001 strategy: surveillance, rational use in humans, rational use in animals, infection prevention and control, and innovations. (2012)
- Report of the 1st meeting of the WHO + More advisory group on integrated surveillance of antimicrobial resistance
- 1st antimicrobial resistance + More international advisory meeting (World Alliance for Patient Safety)
- Policy briefs on antimicrobial + More resistance



European Health Information Initiative

Европейская инициатива в области информации здравоохранения

RIVM and WHO/Europe to collaborate on health information provision

07-11-2012



Andre van der Zande, Director-General of RIVM, and Zsuzsanna Jakab, WHO Regional Director for Europe, signed a letter of intent on 30 October 2012, stating their commitment to work together on health information by setting up a new initiative under the Dutch partnership agreement. Photo: WHO/Oluf Christoffersen



Всемирная организация здравоохранения

Европейское региональное бюро

Суммируя результаты

Наращивание институциональнокадрового потенциала



Инициатива затрагивает пять ключевых сфер

Разработка показателей для здоровья и благополучия Поддержка для выработки стратегии информационного обеспечения здравоохранения



Укрепление сетей медико-санитарной информации

Why do we need this initiative?

- Health information in Europe is fragmented and expertise scattered;
- Member States' information often incomplete, not harmonized with international standards and not always reported; → increase harmonization of indicators across the Region;
- Improve measurement of inequalities in the European Region;
- Enhance the work on the measurement of well-being in Europe;
- Lead the development of new evidence (e.g. cultural determinants of health, etc);
- Networks are often ad-hoc and based on personal relationships.



European Health Information Initiative

Russia: New WHO Collaborating Centre on health info;

autumn school 2015

Sweden Finland Austria

UK:

 New WHO Collaborating Centre on Health 2020 indicator development
 Wellcome Trust: Grant funding & senior staff secondment

Germany: Full time staff member funded as JPO

Poland: Hosting autumn school Oct 2014

Kazakhstan & Kyrgyzstan:

Staff & infrastructure for regional health information network in CAR countries

Turkey: Hosted first autumn

school Oct 2013

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In summary

- Health 2020 implementation requires a strong health information & monitoring component;
- The EHII aims to enhance health monitoring in Europe;
- The work on summary measures is an important part of this;
- The EHII needs the commitment of many more partners;
- The EHII is an important vehicle to work towards an integrated health information system for Europe.





European Commission and WHO Regional Office for Europe: A shared vision for joint action

97

Для того чтобы бороться с неравенствами в отношении здоровья в Европе, нам сначала нужно устранить несправедливые различия в сфере информации здравоохранения. Очень часто бывает так, что качество информации здравоохранения ниже всего там, где показатели здоровья также наименее удовлетворительны. Информация здравоохранения отсутствует или крайне ограничена именно там, где она больше всего нужна. Информация здравоохранения имеет огромное значение для всех стран, как богатых, так и бедных.

Сэр Michael Marmot



Спасибо Thank you

EXTRA SLIDES



How will WHO report on these indicators?

Доклад о состоянии здравоохранения в Европе

Курс на благополучие

13/4

ВНЫЕ ПОКАЗАТЕЛИ

ровья в Европейском

регионе ВОЗ

- Annual report of the Regional Director;
- Annual European 'Core Health Indicators';
- 'European Health Statistics' (new publication planned);
- New EURO health information web-portal (launched autumn 2014);
- Highlights on Health (country profiles)
- The European health report (every 3 years).



Next steps for the Initiative

- Increase harmonization of indicators with other agencies;
- Improve measurement of inequalities in the European Region;
- Enhance the work on the measurement of well-being in Europe;
- Lead the development of new evidence (e.g. cultural determinants of health, etc);
- Expand the partners network;
- Finalize business plan & type of collaborative framework that gives all partners equal rights and standing;
- Invite existing partners to Steering Group meeting to finalize Terms of Reference and type of partnership for the group;
- Work with the group for expansion, advocacy and fundraising.



How did the group define well-being?

"Well-being exists in two dimensions, subjective and objective.

It comprises an individual's experience' of their life ('subjective') as well as a comparison of life circumstances ('objective') with social norms and values."



Measurement of and target-setting for well-being an initiative by the WHO Regional Office for Europe

Second meeting of the aspert group Parks, France, 25-25 Jane 2012



Joint meeting of exports on targets and indicators for health and well-being in Health 2020 Coppinges, Desaut. 5-7 Princety 2013





What makes a good indicator for Health 2020?



- High validity and reliability;
- Available for majority of countries;
- Ideally should be routinely reported;
- One indicator that serves several targets;
- Data accompanied by meta-data;
- All rates age-standardized;
- Indicator data reported disaggregated, i.e. by age, gender, ethnicity, socio-economic strata, vulnerable groups, sub-national;
- Comparable across the region.



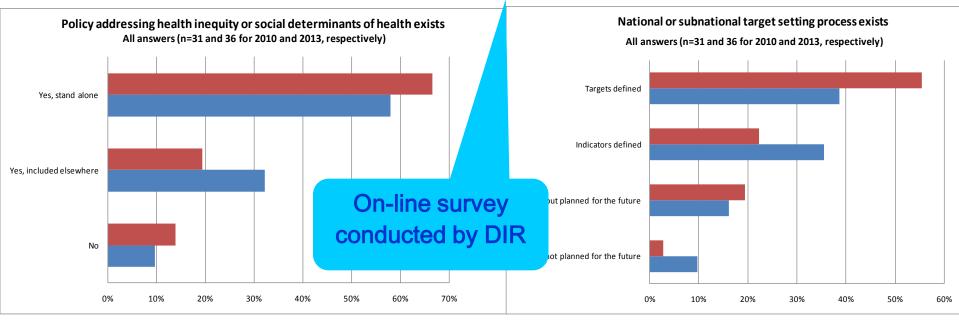
European Health 2020 policy:

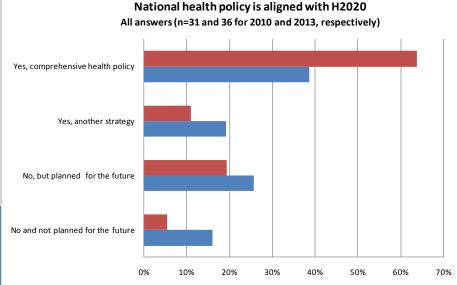
A closer look at objective well-being indicators

Domain	Indicat	or	Indicator already add	opted in Health 2020
	Core	Additional	Core	Additional
Social connections/ relationships	 Social support available (Gallup World Poll) 	 % of persons aged 65 and over living alone (28 countries) 		
Economic security/ income		 Total household consumption (48 countries) 	 GINI coefficient Unemployment rate by age and sex 	
Natural and built environment	 % population with improved sanitation facilities (51 countries) 			
Education		 Educational attainment: at least completed secondary education (32 countries) 	 Primary school age not enrolled 	

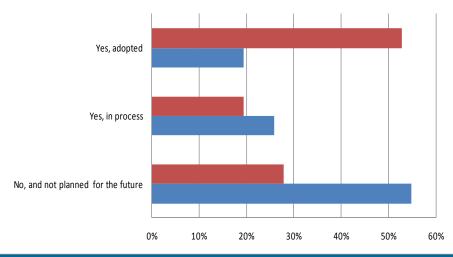


Health 2020 qualitative policy indicators





There is a health policy accountability mechanism in place All answers (n=31 and 36 for 2010 and 2013, respectively)



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Source: WHO. Qualitative indicators for Health 2020 policy targets monitoring, 2014

2013

2010

Carter and the second

Измерение показателей и постановка целевых орнентиров в области благополучии: инициатина Европейского регионального бюро ВОЗ

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Разработка показателей для пелевых орнентиров политныя Здоровье-2020

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Second joint meeting of experts on targets and indicators for health and well-being in Health 2020

Доклад о состоянии здравоохранения в Европе Доклад о состоянии

Курс на благополучие

London, United Kingdom, 3-4 April 2014

31

Основные показатели здоровья в Европейском регионе ВОЗ



В центре внимания -Здоровые-2020, показатели целевых ориентиров

Целеные орнентры

и никлосаторы

ANT HOATTONI

All on WHO EURO website: www.euro.who.int

Further considerations by the group

- •Well-being is complex and multi-dimensional;
- Well-being and health are interactive concepts

 → health influences well-being, yet
 wellbeing also affects health;
- Examples of objective well-being include: health, education, work, social relationships, built and natural environments, security, civic engagement and governance, housing and work-life balance;
- Examples of subjective well-being include overall sense of well-being, psychological functioning and affective states (life satisfaction, self-perceived health, 'happiness').





New EURO web-portal – launched last month

World Health Organization Europe		Engl Поиск вся WHO	lish <u>Russian</u>	
домой Здоровье темы	Страны Публикации	Данные Медиа-центр	Онас	
домой				
Construction of the end of t	 э-2020 и здравоохранения для поддержка мер во ополучия.На основе на поддержана в семи 53 и имеет жизненно важное ичными проблемами, ные способы мышления и стрателический путь, набор приоритетов, а Спозе а country to view its public health profile Belgium Denmark Finland France Germany Great Britain Iceland Norway 			
World Health Organization	Portugal Spain Sweden The Netherlands		2 Enhanced disset of health inform	

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Портал фактических данных и информации о состоянии здоровья

Здоровье горожан: Инструменты и методы

мониторинг Служба поддержки

+ более

Европейское + бо. региональное бюро Всемирной организации здравоохранения (ЕРБ ВОЗ (ВОЗ ЕВРОПА))

- Воздействие на социальные близко детерминанты здоровья: городской контекст и роль местных органов власти Этот документ показывает, как местные органы власти могут возглавить усилия по устранению причин неравенств в отношении здоровья, работая во всех секторах и в сотрудничестве с партнерами, представляющими гражданское общество.
- Позитивное воздействие на + более социальные детерминанты неравенств в отношении здоровья в рамках проекта "Здоровые города": основа для действий (на англ. яз.)
- Здоровое городское планирование + более на практике: опыт европейских городов
- Содействие физически активному + более образу жизни в городских условиях. Роль местных органов власти. Убедительные факты
- Городские вредители и их + более значение для общественного здоровья (на англ. яз.)

Штаб-квартира ВОЗ в + более Женеве (Штаб-квартира ВОЗ)

 Глобальные города, - близко доброжелательные к пожилым людям: руководство (на англ. яз.)

Руководящие указания для градостроителей по созданию в городах условий, благоприятных для людей пожилого возраста, основанные на результатах проведенного в 33 городах всех регионов ВОЗ опроса, в котором пожилым людям в фокус-группах было предложено описать преимущества и барьеры, которые они испытывают применительно к восьми аспектам городской жизни.

- Наши города, наше здоровье, + более наше будущее. Воздействие на социальные детерминанты для обеспечения справедливости в отношении здоровья в городских условиях (на англ. яз.) (Комиссия ВОЗ по социальным детерминантам здоровья)
- Оценка справедливости в + более отношении здоровья в городских условиях и инструменты для улучшения ситуации (на англ. яз.) (Центр ВОЗ по развитию здравоохранения, Кобе, Япония)

Европейская комиссия + более

 Города завтрашнего дня. - близко Проблемы, перспективы, пути движения вперед (на англ. яз.) (Генеральный директорат по региональной политике) Данная публикация способствует повышению уровня осведомленности о возможных будущих последствиях таких тенденций, как демографический спад и социальная поляризация, и о степени уязвимости различных типов городов. В ней дается описание возможностей и роли городов в достижении целей Европейского союза, особенно применительно к реализации стратегии "Европа 2020", В публикации также приведены вдохновляющие модели и перспективы развития городов, а также доводы, подтверждающие важность использования комплексного подхода.

 Публикации по различным вопросам городской среды обитания (Европейская комиссия и Европейское агентство по окружающей среде)

World Health Organization Europe назад

Autumn school of health information and evidence for policy making



REGIONAL OFFICE FOR Europe

EVIPNet (Evidence-informed policy network)





EVIPNet Regions
Africa
America
Asia
Eastern Mediterranean Region

Europe





Gone live in 8 countries in European Region

European Advisory Committee on Health Research: Proposal for development of a European action plan on knowledge translation (KT)



Challenges:

Health evidence and information not consistently used

Insufficient support and incentives for KT



EACHR KT subcommittee **Action Plan:**

To enhance and institutionalize knowledge translation capacity in the WHO European Region to support evidenceinformed policy-making





Revitalizing sub-regional information networks:

<u>Central Asian Republics Information Network</u>

- Collaboration between national health information systems in CAR countries;
- Fostering intelligence sharing and exchange;
- Harmonization of definitions;
- Joint analysis and reporting;
- Close communication with policy makers and partners;
- Ceased in 2005 due to lack of funding.

\rightarrow RELAUNCHED ON 4 JULY 2014 in Kyrgyzstan









